As a below named inventor, I hereby lare that:

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My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first names are listed below) of the entitled TNF MODUL	and sole inventor (if only one is subject matter which is class FUR TREATING	name is listed below) or an origin timed and for which a patent is LG NEUROLOGICAL	al, first and joint inver	ntor (if plural Sign
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I hereby state that I have review by any amendment referred to	ed and understand the contents above.	of the above identified specification	m, including the claims	. as amended
I acknowledge the duty to disch Code of Federal Regulations,	se information which is material.56(a).	ial to the examination of this appl	lication in accordance v	with Title 37.
I hereby claim foreign priority be certificate listed below and have before that of the application of	sulso identified below any forei	tales Code, §119 of any foreign apign application for patent or inven	plication(s) for patent stor's certificate having	design allow of which as a second design as a second design desig
Prior Foreign Application(s)			Priority	Claimed
(Number)	· (Country)	(Day/Month/Year File	d) Yes	No
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